

55555

DATE: AUGUST 08, 2025

Disability Update Report

Social Security Administration, P.O. Box 4556, Wilkes-Barre, PA 18767-4556

FORM APPROVED
OMB NO. 0960-0511

PAYEE'S NAME AND ADDRESS



CDR T16 M33R L 250721 N5660-M33LR-0057163 P05 T0235

F APELO FOR PSC: 3



RENEEFLUOR E APELO

140 MIRROR CT

PATTERSON CA 95363-8304

REPORT PERIOD

From: AUGUST, 2023

To The Present

BENEFICIARY

RENEEFLUOR E APELO

TELEPHONE NUMBER

408-966-9099

BNC#:

2502506677018

411891646/DI/1997/2018/29900000/
3/N-7/L/0106/082023/5/3/S61/978/
MODESTO/CA/95351/

Please be sure to **use black ink or a #2 pencil to print your answers**. Also, **read the enclosed instructions** before completing the form. Finally, remember that when answering the questions, **the "REPORT PERIOD" for which we need information about you is from AUGUST, 2023 to the present**. If you have any questions, call 1-800-772-1213 or TTY for the hearing impaired at 1-800-325-0778.

1. a. Since AUGUST, 2023 have you worked for someone
or been self-employed?

YES

NO

☐☒

- b. If you answered "YES" to 1.a., please complete the information below.

Most
Recent
Work

WORK BEGAN

Month Year

1. 2. 3.

WORK ENDED

Month Year

MONTHLY EARNINGS

Dollars Only, No Cents

\$ \$ \$

2. Have you attended any school or work training program(s)
since AUGUST, 2023?

YES

NO

☒☐

3. Since AUGUST, 2023 to the present...(Please place an 'X' in one box only):

☒my doctor and I
have not discussed
whether I can work.☐my doctor
told me I
cannot work.☐my doctor
told me I
can work.

4. Place an "X" in only one box which best describes your health
now as compared to AUGUST, 2023.

☐

BETTER

☒

SAME

☐

WORSE

0057163



AC?

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5. a. Have you gone to a doctor or clinic for treatment (including evaluations, checkups, counseling, prescriptions, or medicine) since AUGUST, 2023?

YES

☒

NO

☐

- b. If you answered "YES" to 5.a., please list:

	Reason For Visit:	Month	Year
Most Recent Visit			
1.		09	23
2.			
3.			

6. a. Have you been hospitalized or had surgery since AUGUST, 2023?

YES

☐

NO

☒

- b. If you answered "YES" to 6.a., please list:

	Reason For Hospitalization or Surgery:	Month	Year
Most Recent			
1.			
2.			
3.			

REMARKS: If you use this space to further answer questions 1. through 6., place an "X" in the box to the right and print on the lines below.

☒

3. SINCE AUGUST, 2023 I WAS ATTENDING PARTIAL
LOAD CLASSES FOR AN ASSOCIATE DEGREE IN
GRAPHIC DESIGN AT MISSION COLLEGE
(2 COURSE SUBJECTS PER SEMESTER)

5. ROUTINE ADULT HEALTH CHECK-UP

DATE REPORT COMPLETED (MM/DD/YYYY)

08/12/2025

TELEPHONE NUMBER (include Area Code)

(408) 966-9099